

PROCEDURES/TREATMENT REQUIRING INFORMED CONSENT

REFERENCE LISTING

IMMUNIZATIONS

Diphtheria, Tetanus and Pertussis (DTP)

Diphtheria, Tetanus and Pertussis/
Haemophilus Influenza B (DTP/Hib)

Polio

Tetanus and Diphtheria (Td)

Measles, Mumps and Rubella (MMR)

Measles, Rubella

Haemophilus Influenza B (Hib)

CONTRACEPTIVES

Depo-Provera

IUD

Norplant

Oral Contraceptives

OTHER PROCEDURES

Amniocentesis

Aspiration of Cysts

Biopsies

Blood Transfusions

Bone Marrow Biopsies

Colposcopy-With or Without Cervical
Biopsy and/or Endocervical Curettage

Continuous and Intermittent Intravenous
Vascular Access/Pump

HIV Antibody Test*

Incision or Drainage of Cysts

Lumbar Procedure

List Specifics:

Polyp Removal

Proctoscopy

Sigmoidoscopy

Informed Consent for other procedures/treatment as deemed appropriate by the provider of care.

*The "Consent to Test for Antibodies to the Human Immunodeficiency Virus (HIV)" must be used (separate form published by the Office of Epidemiology-revised 11/92, AIDS Operations manual, Part I, Section II, Page 5).